

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T/S		10/10/49
O.I.P.E. CLASSIFIER			10/10/49
FORMALITY REVIEW	RS	61732	10/27

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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